

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87S)**

SERIAL NO.

APPLICANT(S)

FILING DATE

10/562128 12/23/05

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		1				
8						
9						
10						
11		1				
12						
13						
14		8				
15	8					
16	8					
17						
18		8				
19	8					
20	8					
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46						
47						
48						
49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	68	←		←	←	←
TOTAL CLAIMS	70	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS	70	██████████	██████████	██████████	██████████	██████████